

OFFICE OF CHRIS HOLLINS

COUNTY CLERK, HARRIS COUNTY, TEXAS PROBATE COURTS DEPARTMENT

IN MATTERS OF PROBATE	§	DOCKET NO	
	§		
	§	ESTATE OF:	
HARRIS COUNTY, TEXAS	§	·	INCAPACITATED/MINOR

ANNUAL REPORT ON LOCATION, CONDITION AND WELL BEING OF WARD

I. the		n of the person of the above named Ward, and that				
	's estate.					
My aı	nnual report to the court for the period throug	h	is as follows:			
1.	Name of Ward:					
2.	Present age of Ward:	Date of Birth:				
3.	Current residential address and phone number of Ward:					
4.	Current day location and phone number of Ward:					
5.	Ward's residence is (Circle One):					
	Guardian's home	Nursing home				
	Foster or boarding home	Relative's home				
	Hospital or medical facility	Other:				
6.	Ward has been in present residence since	(date):				
	If moved within past year, state reason(s)	for change:				
7.	Has the ward been moved to a more restri	ctive care facility?				
8.	Date the guardian most recently saw the V	Vard:				
	How frequently the guardian has seen the	Ward in the past year:				
9.	Ward is / is not under regular physician care. Doctor's name:					
10.	The guardian's evaluation of whether the Ward is content or unhappy with the Ward's living arrangements:					
	(Circle One) Excellent Avera	age				
	Below Average. If below average, explain	n:				
11.	During the past year the Ward's mental health has (Circle One):					
	Improved. Describe:					
	Remained about the same					
	Deteriorated. Describe:					

12.	During the past year the Ward's physical health has (Circle One):					
	Improved. Describe:					
	Remained about the same.					
	Deteriorated. Describe:					
13.	During the past year the Ward has been treated or evaluated by the following (Circle all that apply):					
	Physician name:					
	Psychiatrist name:					
	Social or other case worker. Name:					
14.	During the past year, has the Ward been hospitalized? If so, why?					
15.	Social conditions: During the past year the Ward has participated in the following activities: (Describe)					
	Recreational:					
	Educational:					
	Occupational:					
	None available or other:					
16.	. As guardian, I believe my Ward has the following unmet needs:					
17	There were the West have	· · · · · · · · · · · · · · · · · · ·				
17.		I have received \$for the Ward's benefit from				
	The money has been spent in the following manner:	: (if more space is needed, attach a statement):				
18.	There continues to be a need for guardianship (Circle One): Yes No					
	Date:	Name:				
		Signature:				
		Address:				
		Phone:				
Sworn	n to and subscribed before me on:					
(Seal)						
,						
		Notary Public in for the State of Texas				

DOCKET N	NO	
ESTATE OF: Incapacitated / Minor	% % %	IN THE PROBATE COURT NO
	RDER API	PROVING DITION, AND WELL BEING OF WARD
On		, came on to be considered the Annual Report of the
Conditions, Welfare, and Well Being of		, Ward, and
The Court having examined said report, it is 7	THEREFOR	E ORDERED entered of record.
	Sign	ed:
		GE, PROBATE COURT NO is County, Texas